

5/2004

**Club Phoenix/After School Registration Form**

Childs Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
School/Grade: \_\_\_\_\_

**Parent/Guardian Information**

**Fathers/Male Guardian Name:** \_\_\_\_\_  
**Place Employed:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Emergency Phone:** \_\_\_\_\_

**Mother/Female Guardian Name:** \_\_\_\_\_  
**Place Employed:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Emergency Phone:** \_\_\_\_\_

**Person(s) having legal custody of child:** \_\_\_\_\_  
**Place Employed:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_  
**Emergency #:** \_\_\_\_\_

**Method of Transportation:** *Please Circle One*      Bike Walk Car Carpool

**Name of Person authorized to pick-up child:** \_\_\_\_\_  
**Name of Person NOT authorized to pick-up child:** \_\_\_\_\_

\*Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up their child\*\*

**Please list the names, address, and phone numbers of two people who can be phoned in case of an emergency ( other than persons listed above):**

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Doctor's Name & Phone:** \_\_\_\_\_

**Please describe any allergies or other health problems:** ( Include any chronic physical problems and pertinent development information.) If an allergic reaction does occur, parents will be notified.

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**Parents, Please Take Note:** Staff are not responsible for children once they leave Club Phoenix.

**Agreements**

1. The Club Phoenix/After School program staff agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian will arrange to have the child picked up as soon as possible.
2. The Parent/Guardian authorizes the Club Phoenix/After School program staff to obtain medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. other:\_\_\_\_\_

In consideration of the registrant being granted permission by the Town of Vienna, Virginia to participate in this program and associated activities, I hereby release the Town of Vienna, Virginia and its officers, employees, agents, and volunteers from any and all liability relating to or arising out of the registrant's participation. I authorize the Town of Vienna and its officials, employees, agents and volunteers, at any such person's discretion, to administer emergency first aid treatment and, at my expense, to obtain the services of a physician(s) and/or rescue squad and to authorize the same to affect such treatment of the registrant as they deem advisable. I also consent to the Town's use of any photographs and/or videotapes made of the program.

**Signatures**

**Parent/Guardian:**\_\_\_\_\_

**Club Phoenix/After School Staff:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Office Use Only:**

**Date Enrolled:**\_\_\_\_\_

**Date in IVIS:**\_\_\_\_\_

**Ethnic Origin (optional)**  
**Please check the appropriate diamond**

◊ **White** (All persons having origins in any of the original people of Europe, North Africa, or the Middle East. Includes Arabian. Does not include persons of Hispanic Origin)

◊ **African-American** (All persons having origins in any of the black racial groups of Africa. Includes Jamaican, Bahamian, or other Caribbeans of African decent)

◊ **Hispanic** (All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)

◊ **Asian or Pacific Islander** (All persons having in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa. Also includes Pakistanis)

◊ **American Indian or Alaskan Native** (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations on community recognition)

**This portion of the form is not required. Information that is gathered from this form is used for statistical reporting purposes. The form will be kept separate form any registration forms.**